2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000005559

FILED Apr 30, 2004 Secretary of State

Entity Name: ARROYAL MALL PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

% R & P PROPERTY MANAGEMENT 265 AIRPORT RD SOUTH NAPLES, FL 34104

Current Mailing Address: New Mailing Address:

% R & P PROPERTY MANAGEMENT 265 AIRPORT RD SOUTH NAPLES, FL 34104

FEI Number: 65-0465711 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

R&P PROPERTY MANAGEMENT 265 AIRPORT ROAD SOUTH NAPLES, FL 34104

OFFICERS AND DIRECTORS:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete CHINTOKIS, NICK COLANTONIO, ROBERT Name: Name: 3700 MERCANTILE AVE Address: 27900 CROWN LAKE BLVD Address: City-St-Zip: NAPLES, FL 34104 City-St-Zip: BONITA SPRINGS, FL 34135

Title: DS () Delete Title: SD (X) Change () Addition

Name: BOHN, ROGET Name: BOHN, ROGER Address: 6 CROWN LANE BLVD Address: 6 CROWN LAKE BLVD City-St-Zip: NAPLES, FL 34108 City-St-Zip: NAPLES, FL 34108

Title: DP () Delete Title: (X) Change () Addition

MEYERS, DAVID A Name: MEYERS, TONY Name:

26056 CLARKSTON DR 9350 HIGHLAND WOODS BLVD, #4302 Address: Address:

City-St-Zip: BONITA SPRINGS, FL 34135 City-St-Zip: BONITA SPRINGS, FL 34135

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT COLANTONIO PD 04/30/2004